



Montana Department of Agriculture
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Return Deadline: **April 15, 2005**

Name: _____
Company: _____
Address: _____
City, State, Zip _____
Phone (home) _____
Phone (work) _____
Fax: _____
E-mail: _____
Website: _____
Type of Business: _____
Breed: _____
Sale Information: _____

Other: _____

Farm Records: ☐ Yes ☐ No

NSIP Records: ☐ Yes ☐ No

B. Ovis Free: ☐ Yes ☐ No

Other Records: ☐ Yes ☐ No

Signature: _____ Date: _____